



ATHLETIC DIVISION

805 Central Avenue, Two Centennial Plaza
Cincinnati, OH 45202
(513) 352-4020 (513) 352-1605 FAX

League _____
Tournament _____

Awards Preference: Credit _____ or 1st Place Sponsor trophy & shirts _____ (18 awards max)

SPORT: FALL SOFTBALL

CIRCLE ONE: MEN _____

COREC _____

TEAM NAME _____

Manager _____

Alternate Manager _____

Address _____

Address _____

City, State, Zip _____

City, State, Zip _____

Phone: (H) _____ (W) _____

Phone: (H) _____ (W) _____

E-mail address _____

E-mail address _____

Are you a new team? _____ Old team? _____ What league were you in last year? _____

What was team name? _____ What division? _____

Remarks: _____

1st Choice

2nd Choice

3rd Choice

Day _____

Day _____

Day _____

Location _____

Location _____

Location _____

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FOR OFFICE USE ONLY

Method of Payment: Check/M.O. # _____ Cash MasterCard/VISA# _____

If Company check, name of company _____ Address _____

League Fee \$350.00

DEPOSIT TO:	323	197	2710	X	SCHMIDT / SALWAY
	(FUND)	(AGENCY)	(ORGANIZATION)	(EXPENSE)	(RPTG CAT)

(**NOTE: Any refunds will be payable to the maker of the check)

